

# NEW JERSEY JUDICIARY

\_\_\_\_\_  
Plaintiff

## FILING FEE WAIVER REQUEST

Based on Inability to Pay

VS.

\_\_\_\_\_  
Defendant

<b>Applicant's Name:</b> Last		First	MI	<b>Docket Number:</b>
<b>Home Address:</b> Street			Apt No	<b>Home Phone #</b> (    )
City	State	Zip	Number of Dependents	

I, \_\_\_\_\_, am over the age of 18 and request no court fee be charged as I am without funds to pay the fee. I am a (check one) ☐ Plaintiff ☐ Defendant in the following court:

☐ Civil ☐ Special Civil Part ☐ General Equity ☐ Probate ☐ Family

**The following are facts about my financial condition. My income before taxes is:**

Salary (per month): \$	Other Income (per month): \$
Specify source of other income, including six months of prisoners' account statements in accordance with N.J.S.A. 30:4-16.3 (per month):	

**The following is a complete list of everything I own and owe, as far as I know:**

Own	Amount \$	Owe (per month)	Amount \$
Money in any bank accounts		Rent/mortgage	
Automobiles		Food	
Real estate		Utilities	
Insurance with cash value		Alimony/child support	
Money owed to me		Auto payment	
Other (specify)		Other (specify)	
TOTALS		TOTALS	

Please attach documents as to income (pay stubs, welfare documents, unemployment documents, last bank statement, etc.)

I certify the statements made by me in this document are true and that my proposed pleading is attached. I understand that if I give any false information, I may be punished by the court.

**I am signing this statement to explain to the court why I am unable to pay any court fees in this lawsuit.**

**(Rule 1:13-2(a))**

**Fee Waived:** ☐ Yes ☐ No

\_\_\_\_\_  
Signature (Applicant)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature (Judge)

\_\_\_\_\_  
Date

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Print Name)